

FILED SEP 12 1941

Registration District No. 392

Primary Registration District No. 4231

1. PLACE OF DEATH:

(a) County Iron
 (b) City or town Pilot Knob
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community 35 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob Baltissen

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Baltisser 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb. 28, 1855
 (Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Zunch Switzerland
 (City, town, or county) (State or foreign country)

10. Usual occupation merchant retired

11. Industry or business.

MOTHER FATHER { 12. Name unknown
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant George Allers
 (b) Address Pilot Knob Mo.

17. (a) burial (b) Date thereof 8/3/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address A. S. White Ironton Mo.

19. (a) Aug 4, 1941 (b) 28 Effinger
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 047
 (c) City or town Pilot Knob
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
 year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 15 1940 to Aug. 1 1941;
 that I last saw him alive on July 15 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy 5 mos.
 Due to Arterial Sclerosis, gen

Due to
 Other conditions (Include pregnancy within 3 months of death) 43A

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Ben W. Bull (M. D. or other) M.D.
 Address Ironton, Mo. Date signed 8-2-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Paul J. White

Licensed Embalmer No.

3212

P. O. Address

Don't know

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.